

$\dot{V}O_{2\max}$ recorded during a progressive maximal exercise test is a reliable index of exercise capacity,¹ there are methodological difficulties with the prediction of $\dot{V}O_{2\max}$ when the Astrand-Ryhming nomogram is used. This nomogram is based upon extrapolation from paired observations of heart rate and either oxygen uptake or (as in the present study) external work rate during a submaximal test. Unfortunately the predicted $\dot{V}O_{2\max}$ may differ widely from the actual $\dot{V}O_{2\max}$, the standard error of the estimate being some 15%.² Furthermore, the original nomogram was based on data from young healthy students of physical education,³ and may not be applicable to older subjects or to those with cardiac disease. Astrand himself and other authors have recently discussed the limitations of the nomogram.⁴ Finally, the effect of physical training in the present study may have been to improve cycling efficiency, which by altering the relation between external work rate and oxygen uptake would lead to artificially high values of predicted $\dot{V}O_{2\max}$.

Rather than extrapolate data to predict $\dot{V}O_{2\max}$, the submaximal data themselves could be used. For example, in the study by Bethell and Mullee, a standardised measurement of heart rate at a given work rate may have been a more appropriate way of assessing exercise capacity. Despite reservations about the Astrand-Ryhming nomogram there is no doubt that Bethell and Mullee have shown valuable improvements in their patients after rehabilitation both in general well-being and in the rate-pressure double product at submaximal work rates.

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- 1 Astrand P-O, Rodahl K. *Textbook of work physiology*. 3rd ed. New York: McGraw-Hill, 1986:299-304.
- 2 Astrand P-O, Rodahl K. *Textbook of work physiology*. 3rd ed. New York: McGraw-Hill, 1986:376.
- 3 Astrand P-O, Ryhming I. A nomogram for calculation of aerobic capacity (physical fitness) from pulse rate during submaximal work. *J Appl Physiol* 1954;7:218-21.
- 4 Legge BJ, Banister EW. The Astrand-Ryhming nomogram revisited. *J Appl Physiol* 1986; 61:1203-9.

This letter was shown to the authors who reply as follows:

SIR,—We thank Dr Davies and Dr Greig for their kind comments.

We agree that there are problems with using the Astrand-Ryhming nomogram to measure $\dot{V}O_{2\max}$ (though we were less aware of this in 1979 when the trial was conceived). Nevertheless, changes in the $\dot{V}O_{2\max}$ as predicted from this test do reflect proportional changes in physical fitness.

A small part of the apparent increase in fitness of the treatment group may have come from improved cycling efficiency. Unfortunately a standardised measurement of heart rate at a given work rate would have been subject to the same error.

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BOOK REVIEW

An Era in Cardiovascular Medicine.

Edited by Suzanne B Knoebel and Simon Dack. (Pp xiv + 330; \$59.50.) New York, Amsterdam, and London: Elsevier Science Publishing Company, 1991. ISBN 0-444-01580-9.

During 1989 the American College of Cardiology celebrated the fortieth anniversary of its founding. From a nucleus of cardiologists based in New York it has grown into an influential organisation with members in all parts of the world and international influence largely, but by no means exclusively, exerted through two major activities—its annual scientific sessions and the *Journal of the American College of Cardiology*. The journal and its predecessor must be unique in that they have had a single editor, Simon Dack, since the college first started its own journal in 1958. One of the ways in which the college celebrated its anniversary was to invite Suzanne Knoebel of Indianapolis, as guest editor, to produce a series of scientific papers to appear each month in the journal. These have now been gathered together in a volume, supplemented by original material and two valuable commentaries.

Each chapter can stand on its own and reflects expert views on diseases, techniques of diagnosis and treatment, pathology, molecular biology, and decision making—a wide range of topics of current concern. Each is dealt with in an individual fashion and reflects the approach, experience, and quirks of an author or small team. Arrhythmias exemplify this well. Borys Surawicz illuminates the difficulties in finding medications for ventricular arrhythmias; Wellens and Brugada concisely take this further and explore the whole range of treatments for arrhythmias in general; and Richard Cohen and his group remind us of the mathematical concepts that may underlie the physiological and pathological expressions in these disorders. This links very well with Charles Fisch's chapter on the evolution of the electrocardiogram which itself, of course, has wider implications directly relevant to many other chapters.

One could go on and on listing and analysing contributors and contributions but that would only distract from the important message—that this is a book well worth reading and an essential source of up to date information. Various other groupings easily come to mind. Two important additional chapters do, however, orientate the reader, and the respective authors raise important issues. Eugene Braunwald writes lucidly of the golden age of cardiology encompassed by the era commemorated; and in a concluding chapter Sylvan Weinberg, editor of the college's influential audiotape journal *ACCEL*, expresses the clinician's point of view and compares current issues with those that dominated the scene in 1949, reminding us of the emphasis in that year as seen in the pages of the only two English language cardiological journals then published, the *American Heart Journal* and the *British Heart Journal*. The comments by these distinguished educators put in perspective the topical and authoritative contributions that

cover the spectrum of cardiology so helpfully. This expanded version of the symposium is a great credit to the editorial selection and presentation undertaken by Dr Knoebel and Dr Dack.

DENNIS M KRIKLER

The title reviewed here is available from the BMJ Bookshop, PO Box 295, London WC1H 9TE. Prices include postage in the UK and for members of the British Forces Overseas, but overseas customers should add £2 per item for postage and packing. Payment can be made by cheque in sterling drawn on a UK bank, or by credit card (MasterCard, VISA, or American Express) stating card number, expiry date, and your full name.

BRITISH CARDIAC SOCIETY NEWSLETTER

The annual meeting of the society in Glasgow had a larger attendance than for any we have had previously. The total (excluding exhibitors) was 1266. Of these, 766 were physicians or surgeons, 400 were nurses, and 150 were technicians. The venue proved to be popular. The programme met with general approval; the facilities within the conference centre were generally excellent. The proximity of the exhibition kept people together, and saved valuable time during breaks in the programme; and the convenience of an adjoining hotel was an advantage that will be missed when we return to Wembley. The success of the meeting is a tribute to Ian Hutton and his colleagues, who took much of the burden of preparation, and ensured that we enjoyed something of the ambience of the "city of culture".

When we consider we have had the perfect meeting, we can relax our efforts. That has not happened, nor of course will it. Even Glasgow had its blemishes. The numbers who will be attracted by particular topics cannot always be predicted; thus some sessions required a larger hall than was allocated and were overcrowded. Signposting for the break out meetings within the hotel was judged inadequate, especially on the first day when the layout was unfamiliar. The standard of slides was not uniformly good. Colour seems sometimes to be a substitute for careful composition rather than an aid to clarity. Colour used judiciously can enhance a presentation, but a few speakers do themselves less than justice with psychedelic displays of overcrowded data. Whatever happened to the old guideline of not more than seven words to a line or five lines to a slide? Posters remain a problem. They form an integral part of the scientific meeting and many subjects lend themselves better to this form of exposure than to spoken presentations. In Glasgow, the posters may have been set too closely together. Some authors seemed diffident about discussing their content, or perhaps those of us who were viewing the posters did too little to initiate debate.

Interest is at too low a level, and so the formula is not yet correct. New ideas are being debated. We will let you know the outcome, but more experiments are needed. Meanwhile, we welcome your views.

One of the disadvantages of travelling a long way for a meeting is the extra expense. The society awards travelling scholarships to help overcome this problem, with priority given to those in training grades and to those who are presenting papers or posters. Even now many of our younger cardiologists seem unaware of this opportunity. Up to 25 travel grants of £400 will be available for the European meeting in Amsterdam (forms to be returned by 11 July), and 40 grants of £150 will be made when the society visits Harrogate next year. Cost has to be a consideration: none of us welcomes spending large sums of money to attend meetings, even those who can undoubtedly afford to do so. It was salutary to have been sitting next to a visitor from an eastern European country at a recent meeting in Montreal on disaster medicine. He had spent almost eight months salary to attend. Perhaps we have too many meetings so that we do not value them quite to this degree?

Does the society contribute enough to the campaign against smoking? We are a non-smoking society, but that in itself may not make the tobacco industry tremble. Some—particularly the ex-smokers among us—have a certain proselytising zeal. The industry may even survive that. We write each year to offer advice to the Chancellor of the Exchequer on taxation policy, but he may not always pay close attention to our wisdom, and the industry continues to prosper. But now more: the British Thoracic Society has taken the initiative in organising a combined approach by medical colleges and associations to launch a campaign to reduce smoking. It has the specific aim of putting pressure on the government to ban the promotion of smoking by advertising, promotion, and sponsorship. Sadly the government has been lukewarm to a similar proposal from within the European Community. We will participate in the new joint initiative. Council have nominated Andrew McLeod to be our representative. The first joint meeting took place on 23 May. Perhaps the tobacco industry will now at least shudder, and we should offer no words of comfort.

The recent Annual Meeting marked the retirement from council of three members who have each contributed much to the society: Andrew Henderson, Ian Hutton, and Stewart Hunter. The three replacements are Roger Hall, Andrew McLeod, and David

Ward. The constitution of the society permits one more member to be coopted, and this will be the President of the British Paediatric Cardiac Association. We are proposing that the constitution be amended to allow two other additions to council—the Postgraduate Cardiology Advisor (at present Howard Swanton) and the Chairman of the College Cardiology Committee (now Brian Pentecost). In the meantime, these will be invited to attend council meetings.

We will soon be sending all members of the society up to date lists showing the officers, the council members, the membership of the committees, and contacts for the affiliated groups. The society has evolved in many ways in the past 12 months, and in particular we have developed a committee structure with membership selected by council. We have heard whisper that this is not sufficiently democratic. But could we be equally effective with any other structure? We live in a world that seems increasingly hostile to many precepts that are needed for the continued provision of good cardiological care. We must have an organisation that can respond quickly and effectively—within the constraints of our charitable status—to challenges that come from many directions. But it is not enough to be defensive. We also need a structure that will encourage improvement of established practices and the development of new ones. Inevitably, day to day decisions must be left to a few. But committees are accountable to council, and council is accountable to the membership. It is understandable that such major changes arouse some anxieties, and they are important because we must maintain a strong consensus in the new paths that we tread. Perhaps we allow insufficient time for debate at our annual meeting. Should we change slightly the balance in the emphasis on organisational and academic matters? We were disappointed, however, that relatively few attended the special session in Glasgow on the contentious matter of training. As always, we need the views of the society. Write to us if you believe that wide debate through the newsletter may be helpful—we are constrained by space but are not averse to contrary views . . . Alternatively, write to a council member. Only by continuing exchange of views can we ensure that the society does reflect the opinions and intentions of its members.

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NOTICES

1991

An **International Conference "Look After Your Heart"** will be held in London on 19 and 20 September: Judy Berry, Conference Organiser, Look After Your Heart, Health Education Authority, Hamilton House, Mabledon Place, London WC1H 9TX (Fax: 071 387 0550; Tel: 071 383 3833).

A **Symposium on Alcohol and Cardiovascular Diseases** will be held in Scheveningen on 1 and 2 October: Ms Fl de Vrijer, Secretariat Alcohol Symposium, c/o TNO Food and Nutrition Research, PO Box 360, 3700 AJ Zeist, The Netherlands (Fax: +31 3404 57224; Tel: +31 3404 44218).

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The **2èmes Journées Européennes de la Société Française de Cardiologie** will take place in Paris on 16 to 18 January (deadline for submission of abstracts is 15 July 1991): SFC, 15 rue de Madrid, 75008 Paris, France (Fax: (33) 1 43 87 17 14; Tel: (33) 1 43 87 95 14).

The Annual Meeting of the **British Cardiac Society** will take place at the Harrogate International Centre, on 26 to 29 May.

The **XI International Symposium on "Drugs Affecting Lipid Metabolism"** will be held in Florence on 13 to 16 May: Organising Secretariat, XI DALM, Fondazione Giovanni Lorenzini, Via Monte Napoleone 23, 20121 Milan, Italy (Fax: (02) 781511; Tel: (02) 76002267-783868) and for USA: Organising Secretariat, XI DALM, Giovanni Lorenzini Medical Foundation (Fax: 713 796 8853; Tel: 713 797 0401).